Innovative Medication Risk Management Tool

Pharmacogenetics (PGx) Saving SNF Millions

How Much Are ADRs Costing Your Organization

- Adverse Drug Reactions (ADRs) **are the most expensive** and clinically significant drug-related issues in long-term care settings today.[1]
- 22% of Medicare beneficiaries experience an ADR during their SNF stay, **59% of which are "likely preventable.**[2]
- The average facility – with 105 beds – experiences 135+ ADRs annually,[1] drastically increasing the cost of labor and medical supplies.
- Due to ADRs, 23.5% of patients discharged from an acute care hospital to an SNF **will be readmitted** within 30 days.[3]
- 1 in 10 long-term care residents experience an ADR within 30 days of admission.[1]
- There are over 350,000 ADRs reported in SNFs yearly,[4] most go undetected.
- SNFs endure annual costs of $7.6 billion due to ADRs.[5]
- ADRs have been linked to skin ulcers, agitation, loss of appetite, impaired thinking, and loss of balance causing more falls and other injuries.

Leading Medical Institutions that have Adopted PGx Testing

St. Jude Children's Research Hospital · Mayo Clinic · Mount Sinai · Johns Hopkins Medicine · Cleveland Clinic · Vanderbilt

Stop ADRs From Taking Their Toll On Your Population …And Your Profits

Due to our genetic differences, a medication that works ideally for one person can be ***harmful, ineffective,*** or even deadly for another. [6;7]

When our bodies do not metabolize a drug as intended, it may cause severe adverse effects, which can be dangerous, agonizing, and expensive.

This makes ADRs a **costly liability** for SNFs, not to mention its toll on their resident population.

The Safer, Humane, More Profitable Solution

Medicare and Medicaid[8] will now cover a non-invasive Pharmacogenomic (PGx) test that reduces the risk of ADRs.

With a simple cheek swab, physicians can determine if a medication is more likely to help or harm a patient before prescribing a drug.

In a community setting, PGx testing can be utilized to address clinical concerns such as:

- Falls › Dementia › Sleep › Pain Management
- Antipsychotic Reduction › Optimize Dosing and Efficacy
- Overall Staff Efficiencies › Expedite Response Calls
- Reduce ER Visits and 30-day Hospital Readmissions

Tomorrow's medicine
Today.

Pharmacogenetic Testing:
Increasing the safety and efficacy of prescription drug therapy

[1]NIH-National Institute of Health. [2] Department of Health and Human Services. [3] Health Stream 4-1-21. [4] FDA. [5] NHLW 4-2015. [6] Mayo Clinic. [7] Slone Epidemiology Center. [8] Medicaid in Approved States.

The Benefits of Pharmacogenetics (PGx)
The Right Drug – The Right Dose - Right From The Start

PGx testing provides insight into how a person's genetic makeup affects their ability to metabolize and respond to medication. Armed with this knowledge, doctors can tailor a personalized medication plan to reduce the risk of costly ADRs, saving SNF millions in labor costs and medical supplies.

Without PGx testing, doctors must resort to risky drug trials, exposing their patients to ineffective medications and insidious side effects that can severely affect their health.

The importance of PGx testing cannot be overstated. The advantages are enormous, especially in reducing labor costs, **undue pain and suffering,** and enhancing residents' overall quality of life.

- Safer Way to Administer Antipsychotics
- Reduces 30-day Hospital Readmissions
- Resident Safety is Significantly Improved
- Eliminates the Guesswork for Physicians
- Covered by Medicare and Medicaid[8]
- Lowers Overall Prescription Drug Costs
- Lifetime Utility – You Only Need One Test
- Can Improve CMS Star Rating

St. Jude Children's Hospital Tests all its Patients Stating
"If you knew about this genetic information and didn't act on it, You would not be practicing good medicine."

Real People – Real Cases – Real Proof – Real Cost

Marion W.

Marion was PGx tested in April 2019. Based on the results, her doctor advised her to stop taking the Metoprolol which she had been taking for years and decreased the dosage of her HBP medications. Two years later, her pain management doctor ignored her PGx report and prescribed 300 mg of Tramadol, that caused a life-threatening ADR and she was hospitalized for three days. If her doctor had adhered to the PGx report guidelines, all the expense and suffering could have been avoided.

Mike F.

Mike was having difficulty sleeping, so his doctor prescribed Escitalopram. After five weeks of undesirable side effects and no relief, he had a PGx test and learned he was a rapid metabolizer of Escitalopram. If he had been preemptively PGx tested, it would have saved him and his insurance company money and Mike time by avoiding a useless trip to the pharmacy to purchase an ineffective drug. More importantly, he would have received relief weeks sooner.

Dorothy J.

Dorothy was experiencing a piercing headache, so she went to the ER. They gave her Reglan 5mg, IV push once, and Toradol 15 mg. A few days later, she was having stroke-like symptoms, so her doctor ordered an MRI. Several months later she had a PGx test and discovered that she was a slow metabolizer of Toradol. If she had a preemptive PGx test, it could have saved her insurance carrier thousands of dollars and spared her the distress and anguish caused by a preventable ADR.

Not All Pharmacogenetic (PGx) Tests Are Created Equal

It is essential to mention that most labs focus on only a limited number of drugs, genes, and variants, so many physicians have never been exposed to a comprehensive PGx test. This has led to some hesitation among doctors regarding using these tests.

A comprehensive PGx test utilizes Next Generation Sequencing (NGS) assay to provide **clinically actionable** information for medications across a broad range of medical fields, including anesthesiology, cardiology, endocrinology, gastroenterology, gynecology, immunology, infectious diseases, neurology, oncology, pain management, psychiatry, respiratory, rheumatology, toxicology, urology, and more. The test also yields results for drug-drug, drug-food, drug-alcohol, and drug-lab interactions.

Example Cover Page of a Comprehensive Personalized PGx Report

-For physician use only-

Comprehensive Drug Information for Doe, John

CONSIDER ALTERNATIVES

Drug Impacted	Recommendation
Atorvastatin (Lipitor®)	CONSIDER ALTERNATIVES
Clopidogrel (Plavix®)	
Lovastatin (Mevacor®)	
Simvastatin (Zocor®)	
Ticagrelor (Brilinta®)	

DOSE RECOMMENDATION

Drug Impacted	Recommendation
Phenprocoumon (Marcoumar®)	INCREASE DOSE
Atorvastatin (Lipitor®)	DECREASE DOSE to lowest necessary dose daily
Lovastatin (Mevacor®)	
Simvastatin (Zocor®)	
Warfarin (Coumadin®)	DECREASE DOSE Warfarin daily dose 3-4mg

NORMAL RESPONSE EXPECTED

Drug Impacted	Recommendation
Atenolol (Tenormin®)	NORMAL RESPONSE EXPECTED
Benazepril (Lotensin®)	
Perindopril (Aceon®)	
Bumetanide (Bumex®)	
Furosemide (Lasix®)	
Hydrochlorothiazide (Microzide®)	

PROCEED WITH CAUTION

Drug Impacted	Recommendation
Amlodipine (Norvasc®)	USE CAUTION
Diltiazem (Cardizem®)	
Felodipine (Plendil®)	
Lercanidipine (Zanidip®)	
Nisoldipine (Sular®)	
Nitrendipine (Nitrepin®)	

Only selected drugs are listed here due to limited space. Please refer to Patient Specific Genotype Results table for comprehensive illustration of drugs in each action category.

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*Typically, test results take about ten days, so preemptive testing is highly recommended so the results are readily available in a medical emergency or before trying a new drug.

Schedule Discovery Call

Calendly.com/mfiedler3

SaferRx

Pharmacogenetics PGx Consultants

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